CW, 7536

PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, n	o persons are required	to respond to a collection	of information unless if dis	plays a valid OMB control number		
ETITION FOR EXTENSION OF T	Docket Number (Optional)					
FY 20	115	5-0264P				
(Fees pursuant to the Consolidated Ap	51-1	1 11 0001				
Application Number 10	/009,640-Conf.	#9/33	Filed De	cember 14, 2001		
For LITHOGRAPHIC PRINTING F	PLATE					
Art Unit 1752	Examiner	B. L. Gilliam				
This is a request under the provisions identified application.				•		
The requested extension and fee are	as follows (che	ck time period desi	red and enter the ap	propriate fee below):		
		<u>Fee</u>	Small Entity Fee			
One month (37 CFR 1.1)	7(a)(1))	\$120	\$60	\$		
Two months (37 CFR 1.	17(a)(2))	\$450	\$225	\$		
X Three months (37 CFR	I.17(a)(3))	\$1020	\$510	\$ 1,020.00		
Four months (37 CFR 1.	17(a)(4))	\$1590	\$795	\$		
Five months (37 CFR 1.	17(a)(5))	\$2160	\$1080	\$		
Applicant claims small entity s	tatus. See 37 0	CFR 1.27.				
X A check in the amount of the t						
Payment by credit card. Form		ttached.				
The Director has already beer			application to a Depo	osit Account		
		•				
The birector is hereby authori			be required, or cred osed a duplicate cop			
			ood a dapiioato oop	y or ano orioot.		
I am the applicant/inve	ntor					
		e interest. See 37	CFR 3 71			
			. (Form PTO/SB/96	).		
attorney or ag	ent of record. R	legistration Number		<del></del>		
x attorney or ag	ent under 37 CF	R 1.34.				
Registration number if acting under 37 CFR 1.34			21,066	·		
for home their			Octobe	er 11, 2005		
Signature 32,/8/			Date			
Raymond C. Stewart			(703) 205-8000			
Typed or printed name			Telephone Number			
NOTE: Signatures of all the inventors or assig than one signature is required, see below.	nees of record of the	entire interest or their repre	esentative(s) are required.	Submit multiple forms if more		
Total of 1	forms are submit	ited				

10/12/2005 SZEWDIE1 00000099 10009640

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1020.00 OP

Con the Baser	work Reduction Act of	1995 on person are room	ired to reco	U.S. Patent	and Trademar	red for use through rk Office; U.S. DEP	7/31/2006. ( ARTMENT C	F COMMERCE				
Super the Paper			ned to respi	respond to a collection of information unless it displays a valid OMB control number.  Complete if Known								
Effective on 12/08/2004.  Effective on 12/08/2004.  Effective on 12/08/2004.			1818). Ar	plication Num		0/009,640-Conf. #9733						
FEE TRANSMITTAL				ling Date		December 14, 2001						
			<u> </u>	rst Named Inv		Hiroshi MASE						
For FY 2005			_	caminer Name		3. L. Gilliam						
Applicant claims small entity status. See 37 CFR 1.27				t Unit	1	1752						
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00				tomey Docket	No. 1	1155-0264P						
METHOD OF P	AYMENT (check	all that apply)		-								
x Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
For the ab	ove-identified depo	sit account, the Dire	ctor is he	reby authorize	d to: (check	all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayment of												
FEE CALCULA	under 37 CFR 1	.16 and 1.17			_							
		XAMINATION FEES										
	•	LING FEES		CH FEES	EXAMINA	ATION FEES						
Application Type	e Fee (\$	Small Entity	Fee (\$)	Small Entity	Eoo (\$)	Small Entity	Eoos E	Paid (\$)				
Utility	300	) <u>Fee (\$)</u> 150	500	Fee (\$) 250	<u>Fee (\$)</u> 200	Fee (\$) 100	rees r	alu (\$)				
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	000	0						
2. EXCESS CLAIM		100	U	U	U	•		Small Entity				
Fee Description	n rees						Fee (\$)	Fee (\$)				
	0 (including Reiss	ues)					50	25				
Each independent					200	100						
Multiple depender	nt claims						360	180				
Total Claims	Extra Claims	Fee (\$)	Fee Paid	1 (\$)	Mu	Itiple Depende	nt Claims					
152	0 = :	· =			Fee	(\$) <u>F</u>	ee Paid (\$	1				
Indep. Claims 3 - 3	Extra Claims	Fee (\$)	Fee Paic	1 (\$)								
3 -3		`		······································								
		ceed 100 sheets of	naner (ex	cluding electr	onically file	ed sequence or o	computer					
listings under	37 CFR 1.52(e)),	the application size	fee due is	\$250 (\$125 f	or small en	tity) for each ad	ditional 50	)				
		5 U.S.C. 41(a)(1)(C										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
4. OTHER FEE(S)	100 =	/50	(ro	und up to a who	ele number) x	=	Fees	Paid (\$)				
		0 fee (no small entit	y discoun	t)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00												
SUBMITTED BY	170	17										
Signature	1 Ton	PIN		gistration No.	21,066	Telephone	(703) 20	5-8000				